



The Rhode Island Division of Fish & Wildlife
HUNTER ETHICS / LANDOWNER RELATIONS
Course Application

(Please Print)

Name_____

Mailing Address_____

D.O.B._____ Drivers License Number_____

Place of Birth_____

RI Hunting License Number_____

Home Phone_____ Work Phone_____

Have you completed a **Hunter Education Course** (yes or no) _____ Date_____ State_____
(Please attach copy of card)

Have you completed a **Bowhunter Ed Course** (yes or no) _____ Date_____ State_____
(Please attach copy of card)

If you HAVE NOT completed Hunter Education and/or Bowhunter Education:

Are you an **Active Member of the Armed Forces** (yes or no) _____ Branch _____
(Please attach copy of Military ID)

Are you and **Honorably Discharged Veteran** (yes or no) _____ Branch _____
(Please attach copy of DD214 discharge papers)

I _____, Hereby authorize the Director of the Department of Environmental Management and His/Her duly authorized agents to undertake a Fish & Game Laws violations check (Title 20). To insure that I meet the Division of Fish & Wildlife's requirements for acceptance into the Hunter Ethics / Landowner Relations Program.

Signature

Date

Notary Signature

Date

Commission Expires (Date)

Return Completed Applications to: RI Division of Fish & Wildlife
Hunter Education office
4808 Tower Hill Road
Wakefield, RI 02879